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FEE TRANSMITTAL		First Named Inventor	Fraas	97	
		Group Art Unit			
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TOTAL AMOUNT OF	PAYMENT	(\$) 458.00	Attorney Docket Number		

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Typed or Printed Name	James C. Wray	Date 4-9-97	Deposit Account	
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Drawing Sheets

Special Handling?

Attorney Docket Number FRAAS First Named Inventor

NEW UTILITY PATENT APPLICATION TRANSMITTAL

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Small Entity

Total Pages in this Submission	Fifty	five

APPLICATION ELEMENTS Notice: Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to MPEP Section: 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application	ACCOMPANYING APPLICATION PARTS		
X Fee Transmittal Form (prescribed filing fee(s))	6. X Assignment Papers		
1. X Fee Transmittal Form (prescribed ming ree(s)) 2. Specification X Abstract of the Disclosure X Title of the Invention Cross References to Related Applications (if applicable) Statement Regarding Federally-sponsored Research/Development (if applicable) Reference to Microfiche Appendix (if applicable) X Background of the Invention X Brief Summary of the Invention X Brief Description of the Drawings (if drawings filed) X Detailed Description X Claim or Claims 3. X Drawing(s) (when necessary as prescribed by 35 USC 113) 4. X Executed Declaration 5. Genetic Sequence Submission (if applicable, all must be included) Paper Copy	7. Certified Copy of Priority Document(s) (if foreign priority is claimed) 8. Computer Program in Microfiche 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement/PTO-1449 Citations 11. Petition Checklist and Accompanying Petition 12. Preliminary Amendment 13. Proprietary Information 14. X Return Receipt Postcard 15. X Small Entity Statement 16. Additional Enclosures (please identify below): SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name		
Computer Readable Copy	Signature TWN Aug		
Statement Verifying Identical Paper and Computer Readable Copy	Date April 9, 1997		
FOR OFFICIAL USE ONLY			
Application Number	Class Independent Claims		
Date of Receipt Application Type	GAU Total Claims		

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